

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155219		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/29/2011	
NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-SOUTH BEND				STREET ADDRESS, CITY, STATE, ZIP CODE 52654 N IRONWOOD RD SOUTH BEND, IN46635			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaints IN00096747, IN00099187 and IN00099260.</p> <p>Complaint IN00099187 Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00099260 Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00096747 Substantiated. Federal/State deficiencies related to the allegation are cited at F441.</p> <p>Survey dates: November 27, 28, and 29, 2011</p> <p>Facility number: 000124 Provider number: 155219 AIM number: 100266730</p> <p>Survey team: Sandra Haws, RN- TC</p> <p>Census bed type: SNF/NF: 102 Total: 102</p> <p>Census payor type: Medicare: 15 Medicaid: 61</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Other: 26</p> <p>Total: 102</p> <p>Sample: 6</p> <p>This deficiency also reflects State findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on November 30, 2011 by Bev Faulkner, RN</p>						

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F0441 SS=E	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observations, interviews and record review, the facility failed to ensure the risk of spreading infection did not occur related to unidentified bedpans and urinals soiled with urine and stool were</p>			F0441	The facility requests that this plan of correction be considered its credible allegations of compliance. Submission of this response and Plan of Correction is not a legal admission that a		12/16/2011

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	<p>cleaned and sanitized after use and not stored on the bathroom floors of resident rooms containing up to 3 residents who shared a bathroom and for failing to ensure staff washed their hands after handling soiled bedpans and urinals for 13 of 64 occupied resident rooms on 2 of 2 units. This potentially affected 23 residents who occupied the 13 observed rooms.</p> <p>Findings include:</p> <p>During a tour of the south unit on 11/27/11 at 3:00 p.m. accompanied by RN # 2 and LPN #3 the following observations were made:</p> <p>1. Resident Room # 103 was occupied by 2 residents. The bathroom was observed to have a urinal in a bag on the bathroom floor. The bag was observed to have yellow urine in the bottom of the bag. LPN # 3 picked up the bag without gloves and indicated she was not sure who it belonged to. LPN # 3 picked up another bag off the bathroom floor containing a bedpan and pulled the bedpan out of the bag without gloves. The bedpan was observed to be soiled with urine and smeared bowel movement along the top. LPN # 3 indicated she was unsure what resident the bedpan belonged to. LPN #3 left the resident's room without washing</p>				<p>deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the Administrator, or any employee, agents, or other individuals who draft or may be discussed in the response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections of a conclusions set forth in this allegation by the survey agency. Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of appeal of this matter solely because of the requirements under State and Federal law that mandates submission of the Plan of Corrections a condition to participate in the Title 18 and Title 19 programs. The submission of Plan of Correction within this timeframe should in no way be of non-compliance or admission by the facility. 1. For cited residents, bedpans were discarded. LPN #3 washed her hands at the time of discovery, received corrective action, and completed a handwashing competency.2. A whole-house sweep was performed and all bedpans, fracture pans, and urinals were discarded. Sinks in all resident bathrooms were sanitized upon</p>		

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	<p>or sanitizing her hands.</p> <p>2. Resident Room # 108 was occupied by 3 residents. The bathroom floor was observed to have a bedpan in a bag on the bathroom floor. LPN # 3 pulled the bedpan out of the bag without wearing gloves. The bedpan was observed to be soiled with dried, yellow urine. LPN # 3 placed the bedpan back in the bag and placed it back on the floor. LPN # 3 indicated she didn't know which resident used the bedpan, she stated "it could be anybody's." LPN # 3 left the resident's room without washing or sanitizing her hands.</p> <p>3. Resident Room # 109 was occupied by 2 residents. The bathroom floor was observed to have a bedpan in a bag on the bathroom floor. LPN # 3 pulled the bedpan out of the bag without wearing gloves. The bedpan was observed to be soiled with dried, yellow urine. LPN # 3 placed the bedpan back in the bag and placed it back on the floor. LPN # 3 indicated she didn't know which resident used the bedpan, she stated "I don't know who it belongs to." LPN # 3 left the resident's room without washing or sanitizing her hands.</p> <p>4. Resident Room # 111 was occupied by 2 residents. The bathroom floor was</p>			<p>discovery.3. Nursing staff performed handwashing competencies and received re-education on bedpan/urinal handling and storage. Bedpan/urinal handling policy was clarified to delineate guidelines for storage and handling of the equipment; nursing staff was educated on the guidelines. Unit managers will perform bedpan handling and storage and handwashing audits 5x/wk over all shifts to ensure the deficient practice will not recur.4. Bedpan handling and storage audits will be completed 3x/wk X 1 month then weekly X 1 month then monthly X 3 months then quarterly thereafter with results forwarded to the Performance Improvement Committee for analysis. Handwashing audits will be completed 3x/wk X 1 month then weekly X 1 month then monthly X 3 months then quarterly thereafter with results forwarded to the Performance Improvement Committee for analysis. The facility respectfully requests desk review for substantial compliance with the above citation.</p>			

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	<p>observed to have a bedpan in a bag on the bathroom floor. LPN # 3 pulled the bedpan out of the bag without wearing gloves. The bedpan was observed to be wet with yellow spots. LPN # 3 placed the bedpan back in the bag and placed it back on the floor. LPN # 3 indicated she didn't know which resident used the bedpan, she stated "I don't know who it belongs to." LPN # 3 left the resident's room without washing or sanitizing her hands.</p> <p>5. Resident # D was in a private room due to being infectious. LPN # 3 indicated the resident was in contact isolation. LPN # 3 indicated the resident uses a bedpan. The resident's bathroom floor was observed to have a bedpan in a bag on the bathroom floor. LPN # 3 pulled the bedpan out of the bag with ungloved hands. The bedpan was observed to have light dried urine stains. LPN # 3 placed the bedpan back in the bag and back on the floor. LPN # 3 left the resident's room without washing her hands.</p> <p>6. Resident Room # 116 was occupied by two residents. The bathroom floor was observed to have 2 bedpans in one bag. LPN # 3 pulled the bedpans out of the bag without gloves. The bedpan was observed to be soiled with stool and urine. LPN # 3 placed the bedpans back in the bag and</p>						

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	<p>placed it back on the floor. LPN # 3 indicated of the 2 bedpans, she didn't know whose bedpan was whose. LPN # 3 indicated it is possible staff could use the wrong bedpan on a resident because they were not labeled with any identification. LPN # 3 left the resident's room without washing or sanitizing her hands.</p> <p>After the tour of the south unit, LPN # 3 was observed to go to her medication cart and proceed to pull up medications. LPN # 3 failed to wash her hands at anytime during the tour of the resident rooms or prior to attempting to pass medications. During an interview with LPN # 3 on 11/27/11 at 3:45 p.m., regarding not washing or sanitizing her hands, she indicated she should have washed her hands.</p> <p>During an interview with the Unit Manager LPN # 6 on 11/27/11 at 3:50 p.m., regarding resident bedpans and urinals, she indicated they are to be emptied and taken to the soiled utility room to be cleaned. When they are cleaned they are to be bagged and placed in the bottom of the resident's drawer, not stored on the bathroom floor. Unit Manager LPN # 6 also indicated LPN # 3 should have worn gloves and washed her hands thoroughly after touching bedpans and urinals and before passing</p>						

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	<p>medication.</p> <p>During a tour of the north unit on 11/27/11 at 4:05 p.m., accompanied by RN # 5, the following observations were made:</p> <p>7. Resident Room #200 was occupied by 2 residents. The resident's bathroom floor was observed to have a bag containing a bedpan. The bedpan was observed to contain dried, yellow urine. A bag containing a basin used to bathe a resident was also observed on the bathroom floor. Neither item was labeled to identify who they belonged to.</p> <p>During an interview with RN # 5 at this time, he indicated he wasn't sure who the items belonged to and indicated it would be possible for staff to use them on the wrong resident. He further indicated they shouldn't have been on the floor.</p> <p>8. Resident Room # 201 was occupied by 2 residents. The resident's bathroom floor was observed to have a bag containing a bedpan. The bedpan was observed to contain dried, yellow urine and hair in it. A bag containing a basin used to bathe a resident was also observed on the bathroom floor. Neither item was labeled to identify who they belonged to.</p>						



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	<p>9. Resident Room # 202 was observed to be occupied by 1 resident. The resident's bathroom was observed to have an unbagged urinal under the toilet. The urinal was observed to be soiled. RN # 5 indicated the resident uses a urinal.</p> <p>10. Resident Room # 203 was observed to be occupied by 1 resident. The resident's bathroom was observed to have an unbagged soiled urinal on the floor next to the toilet. RN # 5 indicated the resident used a urinal.</p> <p>11. Resident Room # 206 was occupied by 1 resident. The resident's bathroom was observed to have a bag on the floor containing a white plastic urine collector. RN # 5 indicated it was probably used to collect urine for a test and should have been disposed of after it was used. He further indicated it should have not been on the floor.</p> <p>12. Resident Room # 207 was occupied by 2 residents. The resident's bathroom floor was observed to have a bag containing a bedpan. The bedpan was observed to be soiled with dried yellow urine. A pink plastic wash basin was observed to be unbagged on the bathroom floor.</p> <p>13. Resident Room # 222 was occupied</p>						

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	<p>by 2 residents. The resident's bathroom floor was observed to have 3 pink plastic wash basins on the floor. A bedpan soiled with light yellow urine was observed on top a commode over the toilet. RN # 5 indicated he did not know who the items belonged to as they are not labeled. RN # 5 further indicated they should not be on the floor.</p> <p>During an interview with RN # 5 on 11/27/11 at 4:50 p.m., he indicated the proper way staff were to handle the bedpans and basins were to; empty them in the toilet, pour water in them with a separate container to rinse in the toilet, dry them with paper towel, bag them and take them to the soiled utility room to be sanitized. After they are sanitized they are to be put in the resident's bottom drawer.</p> <p>The facility policy titled "Infection Control Work Practices" dated 4/28/10 was reviewed on 11/28/11 at 10:00 a.m. indicated " ...Work practice controls include, at a minimum: Handwashing practices...proper storage, transport, or shipping of potentially infectious materials...Hands and body areas having been in contact with blood or other potentially infectious materials are washed with soap and water immediately or as soon as feasible...."</p>						

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	<p>Facility policy titled "Hand Hygiene/Handwashing," dated 8/31/1,1 indicated " Handwashing is the single most important procedure for preventing the spread of infection...Hand hygiene is to be performed: ...after touching blood, body fluids, secretions, excretions and contaminated items...."</p> <p>Facility policy titled "Bedpan &amp; Urinal Use," dated 4/28/10, indicated "...When resident has completed elimination, remove urinal. Do not place urinal on floor or bedside stand. Remove gloves and wash hands...discard bedpan or urinal contents in toilet. Clean and store bedpan or urinal. Remove gloves and wash hands...."</p> <p>This Federal tag relates to Complaint # IN00096747</p> <p>3.1-18(b)(2) 3.1-18(l)</p>						

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